

DONATIONS TO VANCHCS

This form is to be used to accept both Monetary and Non-Monetary Donations

TO BE COMPLETED BY THE VA SITE REPRESENTATIVE

Date received: _____ VSS# _____

Individual receiving donation (VS staff - print name) _____

Received by: US Mail Hand-delivered by: _____

THIS SECTION TO BE COMPLETED BY DONOR – Please Print

Name of Individual/Organization providing donation: _____

DONOR Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____ E-Mail Address: Email Below

PLEASE ACCEPT THE FOLLOWING GIFT OR DONATION:

In Memory of From the Estate of _____

Monetary Donation of (amount) \$ _____ Check # _____

THIS DONATION IS SPECIFIED FOR: _____

Non-Monetary Donation of: (*please include complete description and quantity*) NEW USED

VALUE OF GIFT: \$ _____

Wish List

In accordance with IRS regulations regarding donations, it is understood that such donations are unrestricted and I have not received any goods or services by VA in consideration, in whole, or in part, for this contribution.

Signature of Donor or Organization Designee

THIS SECTION TO BE COMPLETED BY VA VOLUNTARY SERVICES REPRESENTATIVE

MONETARY DONATION TO BE PLACED IN GPF: _____

NOTES: _____